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## \*BIBDATASHEET\*

CONFIRMATION NO. 6307

Bib Data Sheet

|                                    |   |                     |                               |   |
|------------------------------------|---|---------------------|-------------------------------|---|
| <b>SERIAL NUMBER</b><br>10/025,515 | <b>FILING OR 371(c)<br/>DATE</b><br>12/18/2001<br><b>RULE</b> | <b>CLASS</b><br>029 | <b>GROUP ART UNIT</b><br>3739 | <b>ATTORNEY<br/>DOCKET NO.</b><br>ACS-60271 (2168P) |
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\*\* CONTINUING DATA \*\*\*\*\*

\*\* FOREIGN APPLICATIONS \*\*\*\*\*

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 03/19/2002

|   |   |                                   |                                 |                               |                                    |
|---|---|-----------------------------------|---------------------------------|-------------------------------|------------------------------------|
| Foreign Priority claimed<br>35 USC 119 (a-d) conditions met | <input type="checkbox"/> yes <input type="checkbox"/> no<br><input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance | <b>STATE OR<br/>COUNTRY</b><br>CA | <b>SHEETS<br/>DRAWING</b><br>11 | <b>TOTAL<br/>CLAIMS</b><br>30 | <b>INDEPENDENT<br/>CLAIMS</b><br>9 |
| Verified and<br>Acknowledged                                | Examiner's Signature _____ Initials _____   |                                   |                                 |                               |                                    |

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## TITLE

Rotatable ferrules and interfaces for use with an optical guidewire

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|--|---|--|
| <b>FILING FEE<br/>RECEIVED</b><br>1554 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of<br>time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |
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